

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
*19/447218*  
APPLICANT(S)

FILING DATE

*3/15/10*

**CLAIMS**

AS FILED

AFTER  
1st AMENDMENT

AFTER  
2nd AMENDMENT

IND. DEP.

IND. DEP.

IND. DEP.

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IND.

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TOTAL  
IND.

TOTAL  
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TOTAL  
CLAIMS

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TOTAL  
IND.

TOTAL  
DEP.

TOTAL  
CLAIMS